

#13 CPA

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	CONTINUED PROSECUTION APPLICATION (CPA) REQUEST TRANSMITTAL	
	Submit an original, and a duplicate for fee processing. (Only for Continuation or Divisional applications under 37 C.F.R. 1.53(d))	
		CHECK BOX, if applicable: <input type="checkbox"/> DUPLICATE

Address to: Assistant Commissioner for Patents Box CPA Washington, DC 20231	Attorney Docket No. of Prior Application	BTEL:025---
	First Named Inventor	Peter Van Voris
	Examiner Name	N. LEVY
	Group / Art Unit	1615
	Express Mail Label No.	EM340824423US

This is a request for a ☒ continuation or ☐ divisional application under 37 C.F.R. 1.53(d),
(continued prosecution application (CPA)) of prior application number 08/771,467,
filed on December 20, 1996, entitled Method and Device for Protection of Wooden Objects Prominate Soil from Pest
Invasion.

11/10/1999 WVM11 00000021 012508 08771467
01 FC:131 760.00 CH
02 FC:182 150.00 CH
03 FC:106 378.00 CH

- ☒ Enter the unentered amendment previously filed on March 16, 1999
under 37 C.F.R. 1.116 in the prior nonprovisional application.
- ☐ A preliminary amendment is enclosed.
- This application is filed by fewer than all the inventors named in the prior application, 37 CFR 1.53 (d)(4).
- ☐ **DELETE** the following inventor(s) named in the prior nonprovisional application:
.....
- ☐ The inventor(s) to be deleted are set forth on a separate sheet attached hereto.
- ☒ A new power of attorney or authorization of agent (PTO/SB/81) is enclosed.
- Information Disclosure Statement (IDS) is enclosed:
- ☐ PTO-1449
- ☐ Copies of IDS Citations

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box CPA, Washington, DC 20231.

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CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
TOTAL CLAIMS (37 CFR 1.16(c))		41-20* =	21	x \$18 =	\$ 378
INDEPENDENT CLAIMS (37 CFR 1.16(b))		5-3** =	2	x \$78 =	\$ 156
MULTIPLE DEPENDENT CLAIMS (if applicable) (37 C.F.R. 1.16(d))				+ \$ =	\$
				BASIC FEE (37 CFR 1.16(a))	\$ 760
				Total of above Calculations =	\$ 1294
Reduction by 50% for filing by small entity (Note 37 C.F.R. 1.9, 1.27, 1.28).					\$
* Reissue claims in excess of 20 and over original patent.					
** Reissue independent claims over original patent.					
TOTAL =					\$ 1294

6. ☐ Small entity status:

a. ☐ A small entity statement is enclosed, if (b) and (c) do not apply.

b. ☐ A small entity statement was filed in the prior nonprovisional application and such status is still proper and desired.

c. ☒ Is no longer claimed.

7. The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 01-2508/02-1275 (PAYOR NO. 005055):

a. ☐ Fees required under 37 C.F.R. 1.16.

b. ☐ Fees required under 37 C.F.R. 1.17.

c. ☐ Fees required under 37 C.F.R. 1.18.

8. ☐ A check in the amount of \$_____ is enclosed.

9. ☐ New Attorney Docket Number, if desired _____
(Prior application Attorney Docket Number will carryover to this CPA unless a new Attorney Docket Number has been provided herein.)

10. a. ☐ Receipt For Facsimile Transmitted CPA (PTO/SB/29A)

b. ☒ Return Receipt Postcard (Should be specifically itemized, see MPEP 503)

11. ☒ Other: Renewed Petition Under 37 CFR 1.137(b); Change of Status Notification Under 37 CFR 1.28(c)

NOTE

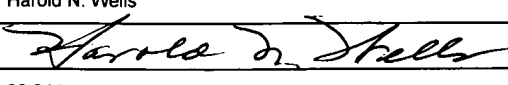
The prior application's correspondence address will carry over to this CPA
UNLESS a new correspondence address is provided below.

12. NEW CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) or ☐ New correspondence address below

NAME	S. Z. Szczepanski				
ADDRESS	P.O. Box 4433				
CITY	Houston	STATE	TX	ZIP CODE	77210-4433
COUNTRY	U.S.A.	TELEPHONE	312.744.0090	FAX	713.787.1440

13. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

NAME (Print/Type)	Harold N. Wells
SIGNATURE	
Registration No. (Attorney/Agent)	26,044
DATE	11/5/99